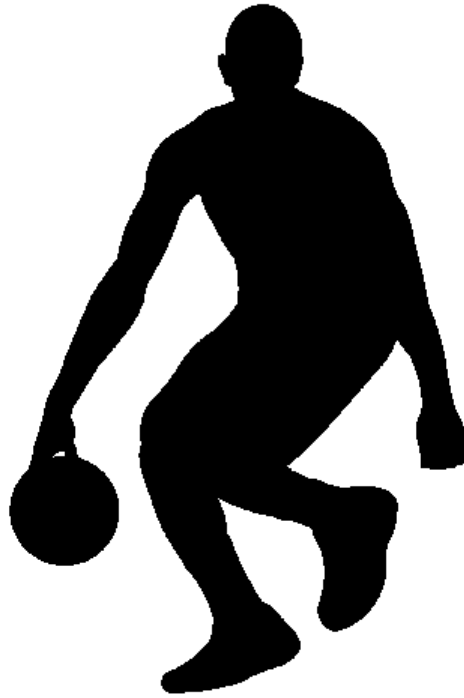


2013 Adult Summer Basketball Registration Packet



A program of the

Cobb County Parks, Recreation & Cultural Affairs

Adult Athletics Department



REGISTRATION OPTIONS

RETURNING TEAMS ONLY:

On-Line Registration* available at: www.prca.cobbcountyga.gov

Online registration will open on **Monday, April 29th** for teams that participated in the 2012 summer league. If you are returning to the same league/gym that you played in during *summer 2012*, and will pay by either Visa or MasterCard, Please contact your league coordinator to get your required PIN # and Log-in ID.

***Online Registration is only available to returning teams; new teams must register in person.**

Mail-In Registration mailed to:

Cobb County Parks & Recreation

C/o: Adult Athletics

1792 County Services Pkwy.

Marietta, GA 30008

Entries must be **post-marked by Monday, May 13th**

NEW & RETURNING TEAMS:

Walk-In Registration located at:

Cobb County Parks and Recreation Administrative offices

1792 County Services Pkwy, Marietta, GA 30008

ALL TEAMS

(New & Returning)

Tuesday, May 14

6:00 PM – 8:00 PM

The enclosed entry form ***MUST*** be filled out in its entirety and submitted with the full **\$320.00** entry fee at the time of registration. **Make Check or Money Order payable to C.C.P.R.C.A.D.** PLEASE PUT DRIVER'S LICENSE NUMBER ON CHECK OR MONEY ORDER. We also accept Cash, Visa and MasterCard.

IMPORTANT INFORMATION

If you will not be managing the team this season, please forward this to the proper person.

LEAGUE INFORMATION

- **Summer Leagues cost \$320.00** and will offer Men's "C" and "D" level leagues.
- League Transfers (a returning team that is requesting to change league or gym location) will be handled on a first come, first-serve basis.
- The enclosed roster form must be filled out COMPLETELY and turned in by the first game. If contested, a team that has not turned in a roster will forfeit the game. Players may be added to your roster through the 5th game of the season. The player must be present to be added to a team roster.
- League play will begin the **week of June 3rd**, and consist of **7 regular season games**. The top teams from each league will participate in a single elimination combined Championship Tournament immediately following the regular season. Awards will be presented to both, the champion and runner-up from each league, and also for the overall tournament winners.
- League Coordinators reserve the right to schedule more than 1 game a week if necessary.
- Games will consist of two 20-minute halves with a running clock. The last 2 minutes of the first half and the last 5 minutes of the second half will be regulation clock.
- Each team must have matching, numbered jerseys. Uniforms must be worn in accordance with Georgia High School regulations (shirts tucked in, shorts worn properly on the waist). The Department will furnish the game ball, referees, scorekeeper and supervisor.

Jeff Abrams at (770) 528-8892 for RON ANDERSON

Kim Cammons at (770) 528-8896 for WARD

Andrea Raiford at (770) 591-3160 for FULLERS

It is the intent of Cobb County Government to comply with the Americans with Disabilities Act.

In order that the Department assures compliance with ADA (Americans with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff that work with the program/facilities aware so that we can reasonably accommodate you need. We want our facilities and program s to be "user friendly" for all residents. For Cobb, it will mean improving on what we've already been doing.

Cobb County Parks, Recreation & Cultural Affairs Department

2013 SUMMER BASKETBALL ENTRY FORM

Check one that applies:

_____ Returning resident team

_____ New resident team

_____ Returning non-resident team

_____ New non-resident team

Team Name: _____

Manager's Name: _____

Home #: _____ Cell #: _____

Work #: _____ E-mail: _____

Street Address: _____

_____ City _____ State _____ Zip Code _____

Assistant Manager's Name: _____

Home #: _____ Cell #: _____

Work #: _____ E-mail: _____

LEAGUE INFORMATION

Place a '1' by your first choice, a 2 by your second choice, etc.

BC# **WARD REC CENTER**
61306 _____ Men's Open 'C' (Mon)

BC # **FULLERS REC CENTER**
61307 _____ Men's Open 'C' East (Tue & Thur)

61308 _____ Men's Open 'D' East (Tue & Thur)

BC# **RON ANDERSON REC CENTER**
61309 _____ Men's Open 'C' (Thur)

C.C.P.R.C.A.D. USE ONLY

Amount Paid
(\$320) _____ **Check #** _____ **Visa/MC** _____ **Date** _____

We accept VISA, MASTERCARD, cash, money orders and checks.

There is a \$25 fee for all returned checks.

**DETERMINATION OF RESIDENCY FOR
COBB COUNTY TEAMS
(APPLIES TO ALL TEAMS)**

OPEN LEAGUE:

The team roster must be made up of 75% of Cobb County Residents. A resident shall be defined as a person that lives, or attends school full-time in Cobb County. If the team sponsor is located within Cobb County then the team is considered a resident team.

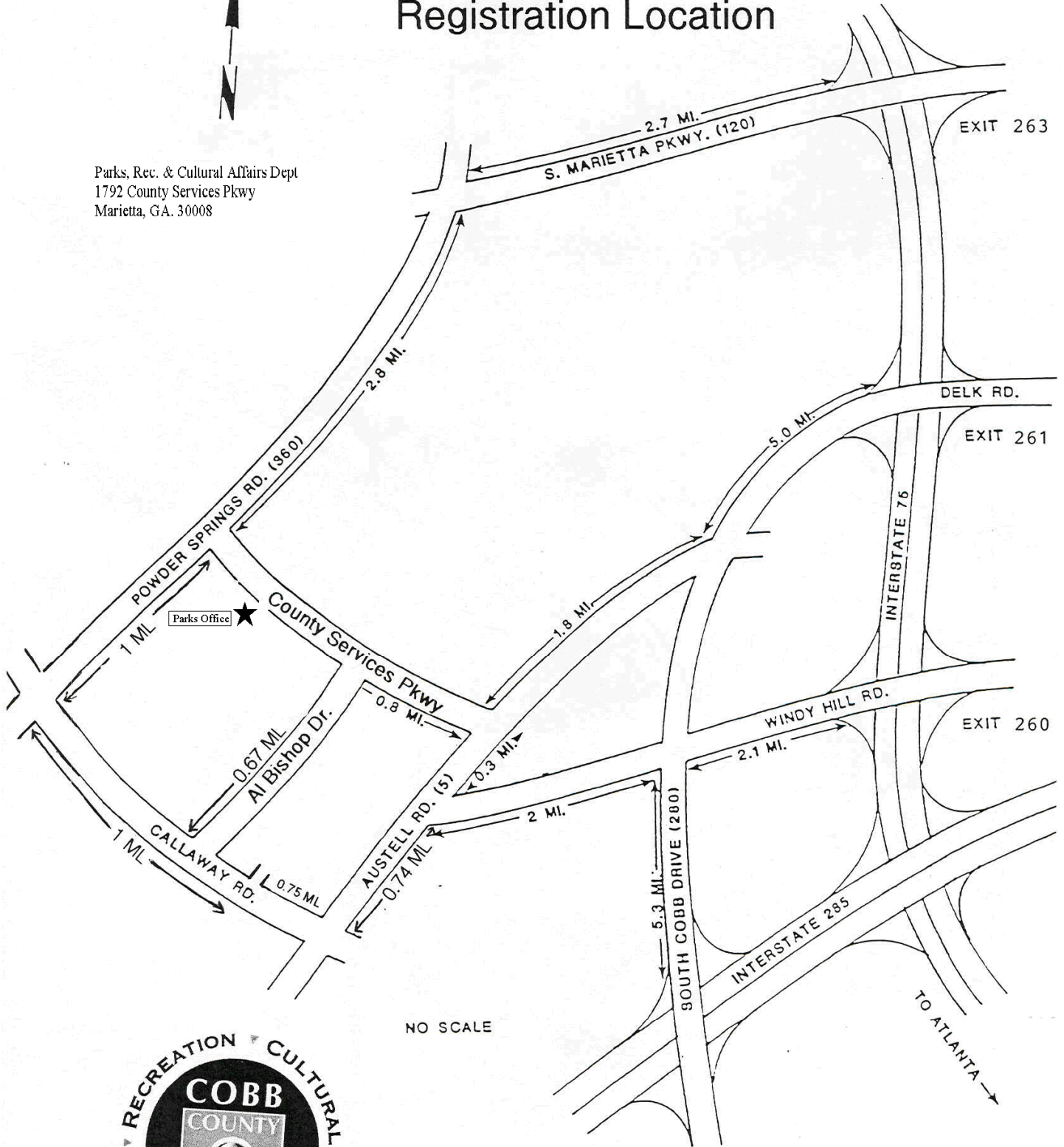
PLAYERS ON ROSTER	NUMBER OF COBB COUNTY PLAYERS NECESSARY TO MEET MINIMUM REQUIREMENTS
5	4
6	5
7	6
8	6
9	7
10	8
11	9
12	9
13	10
14	11
15	12
16	12
17	13
18	14
19	15
20	15
21	16
22	16
23	17
24	18
25	19

NOTE: A \$200.00 PER TEAM NON-RESIDENCY FEE WILL BE ADDED TO ALL TEAMS THAT DO NOT MEET THE 75% RESIDENCY REQUIREMENT.

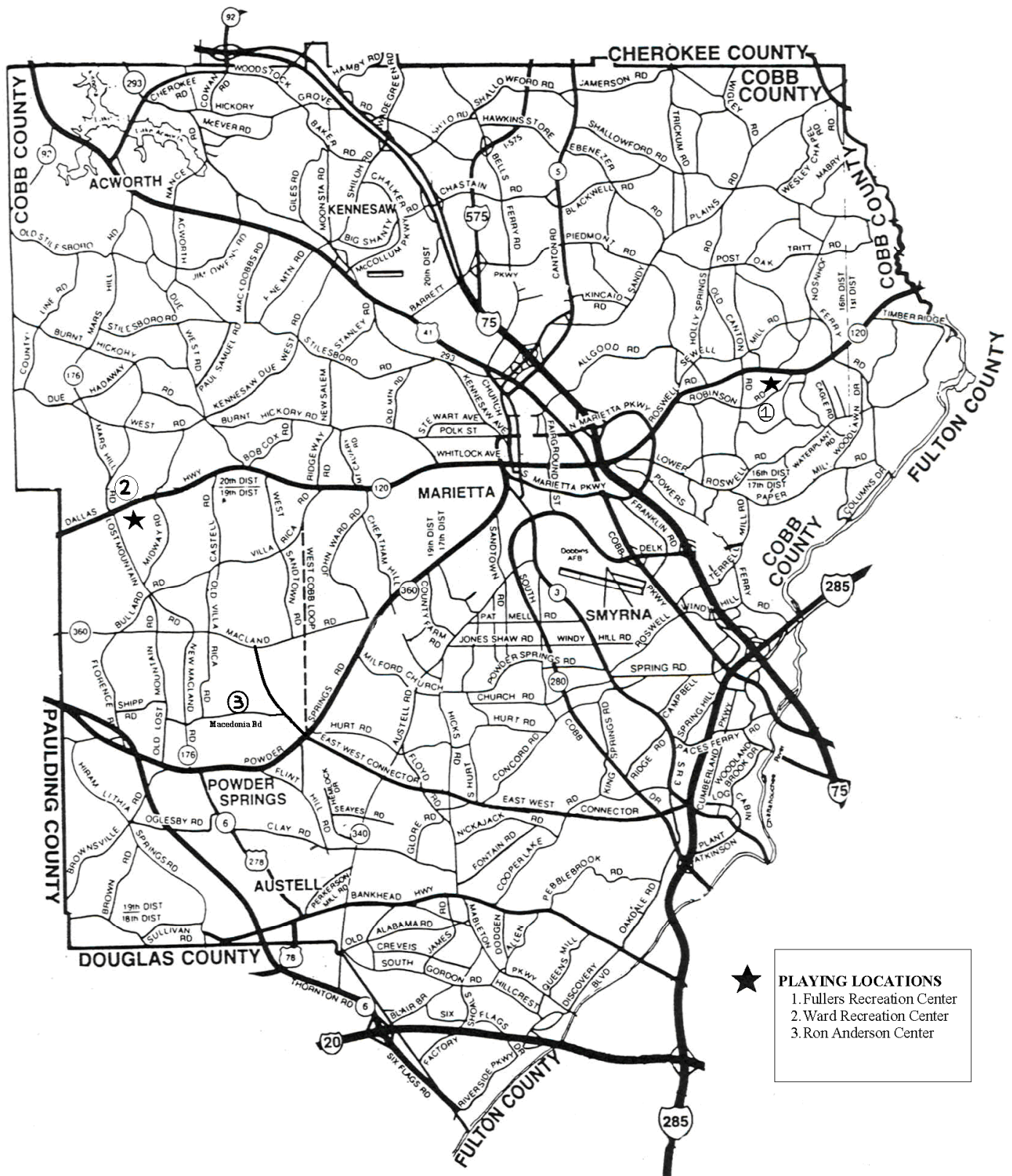
Registration Location



Parks, Rec. & Cultural Affairs Dept
1792 County Services Pkwy
Marietta, GA. 30008



COBB COUNTY PARKS



2013 OFFICIAL BASKETBALL ROSTER

TEAM NAME _____ LEAGUE _____ GYM: _____
 MANAGER OR MINISTER SIGNATURE _____ RESIDENT TEAM _____ NON-RESIDENT _____

The following players will represent my team in the 2013 Adult Basketball League. These players have agreed to abide by the agreement on the reverse side of this roster, all the rules as outlined in the Constitution and By-laws governing the league, and all policies set up by the Cobb County Recreation Commission. I also understand that if this roster is found to be illegal that this team will be immediately dropped from the league with no refund.

RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The Undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County recreation Commission, the Cobb Arts Commission, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this Agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

* - SIGNATURE OF PARENT REQUIRED FOR PERSONS UNDER 18 YEARS OF AGE.

JERSEY NUMBER	NAME	HOME ADDRESS (Street, City, State, Zip)	AGE	SIGNATURE
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

Team Name: _____

Gym & League: _____

JERSEY NUMBER	NAME	<u>HOME ADDRESS</u> (Street, City, State, Zip)	AGE	SIGNATURE
	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
	14.			
	15.			
	16.			
	17.			
	18.			

Team Name: _____

Gym & League: _____

JERSEY NUMBER	NAME	<u>HOME ADDRESS</u> (Street, City, State, Zip)	AGE	SIGNATURE
	19.			
	20.			
	21.			
	22.			
	23.			
	24.			
	25.			
ROSTER LIMIT – 25 (USE BOTTOM 3 TO REPLACE ORIGINAL PLAYERS AFTER THE LIMIT)				
	1.			
	2.			
	3.			

**NOTE* Players must be present to be added to this roster. All players are subject to I.D. checks if requested by the Gym Supervisor.*